

Charles A. Bon
Patented Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 375)

SERIAL NO.

FILING DATE

10/089904
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22						
23						
24						
25						
26	1					
27	1					
28	1					
29		3				
30	1					
31			1			
32						
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34						
35						
36						
37						
38						
39						
40						
41						
42						
43			1			
44						
45						
46						
47			1			
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52						
53						
54						
55						
56						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					